



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

0

Complete if Known

Application Number	10/009,950
Filing Date	December 14, 2001
First Named Inventor	Akira Nakamura
Examiner Name	V. Bertoglio
Art Unit	1632
Attorney Docket No.	31671-176197

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
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- 20 = x =

HP = highest number of total claims paid for, if greater than 20.

Fee (\$) Fee Paid (\$)

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
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- 3 = x =

HP = highest number of independent claims paid for, if greater than 3.

Fee (\$) Fee Paid (\$)**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 = /50 (round up to a whole number) x =

Fee (\$)**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

0

SUBMITTED BY

Signature	<u>C. A. Hobbs</u>	Registration No. (Attorney/Agent)	36,830	Telephone	(202) 344-4000
Name (Print/Type)	Ann S. Hobbs, Ph.D.			Date	<u>6/22/06</u>



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Akira NAKAMURA, et al.

Application No. 10/009,950

Filed: December 14, 2001

For : GOODPASTURE'S SYNDROME
MODEL MOUSE

Confirmation No. 7278

Art Unit : 1632

Examiner: Valarie E. BERTOGLIO

Atty. Docket No. 31671-176197

Customer No.

26694

PATENT TRADEMARK OFFICE

AMENDMENT

Mail Stop: AF Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the final Office Action issued March 31, 2006, please enter the following amendments and consider the following remarks.

Amendments to the claims begin on page 2.

Remarks begin on page 4.

It is believed that no fee is necessary for the filing of this Response. However, if any such fees are necessary, please charge such fees to our Deposit Account No. 22-0261.